

## INFORMATION PAPER

MILVAX  
19 November 2013

SUBJECT: Immunization Recommendations for Disaster Response Operations

1. Purpose. To provide immunization recommendations for Department of Defense (DoD) personnel supporting disaster response operations in the Philippines.

2. Facts.

a. Routine Adult. Ensure personnel are current for ALL routine adult vaccinations based on age and health status. Do not delay deployment pending completion of immunization series. <http://www.cdc.gov/mmwr/preview/mmwrhtml/su6201a3.htm>

b. Hepatitis A. Ensure personnel are current for hepatitis A vaccine or have documented positive serology. If vaccination is required, administer doses on day 0 and at 6 months. This series may be completed using the monovalent or bivalent vaccine. Further guidance on completing the vaccinations series is available at: <http://www.vaccines.mil/documents/1504MIP-Hep%20A-B%20Counting%20doses.pdf>

c. Hepatitis B. Ensure personnel are current for hepatitis B vaccine or have documented positive serology. If vaccination is required, administer doses on day 0, 1 and 6 months. This series may be completed using the monovalent or bivalent vaccine. Further guidance on completing vaccination series is available at: <http://www.vaccines.mil/documents/1504MIP-Hep%20A-B%20Counting%20doses.pdf>

d. Influenza. Ensure all personnel receive a dose of the 2013-2014 seasonal influenza vaccine.

e. Tetanus-diphtheria-acellular pertussis (Tdap). Ensure all personnel have received at least one adult dose of the Tdap vaccine. Administer Tdap regardless of the interval since last tetanus toxoid containing vaccine. Consistent with Centers for Disease Control & Prevention (CDC) wound-management guidelines, anyone who develops a puncture wound or has a wound contaminated with dirt, feces, soil, or saliva needs a Td booster (or Tdap if applicable) if the most recent dose was more than 5 years earlier.

f. Typhoid. Ensure all personnel are current for the typhoid vaccine. Individuals will be revaccinated if greater than two years have passed since last vaccination with inactivated, injectable typhoid vaccine (Typhim Vi), or greater than five years since receipt of live, oral typhoid vaccine (Vivotif).

g. Japanese Encephalitis (JE). JE vaccine is highly recommended for the region, review service specific force health protection guidance for additional guidance. If vaccination is required, administer doses on day 0 and day 28 followed by a one-time booster dose, one year after the series is completed. It is recommended that personnel who previously received JE-Vax and require further JE protection should receive a two dose series of Ixiaro vaccine.

h. Rabies. Veterinarians and people involved in animal-control efforts should assess the localized risk of rabies exposure and consider their need for pre-exposure prophylaxis. Persons who are exposed to potentially rabid animals should be evaluated and receive standard post-exposure prophylaxis, as clinically appropriate.

### 3. References.

a. Centers for Disease Control and Prevention. Updated Recommendations for Use of Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis (Tdap) Vaccine from the Advisory Committee on Immunization Practices, MMWR 2011; 60(01): 13-15.

[http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6001a4.htm?s\\_cid=mm6001a4\\_w](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6001a4.htm?s_cid=mm6001a4_w)

b. Centers for Disease Control and Prevention. Preventing Tetanus, Diphtheria, and Pertussis among Adults: Use of Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis Vaccine: Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 2006; 55 (No. RR-17): [1-37].

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5517a1.htm>

c. Centers for Disease Control and Prevention. Recommended Adult Immunization Schedule – United States, 2013. MMWR 2013; 62 (01); 9-19.

d. Centers for Disease Control and Prevention. Japanese Encephalitis Vaccines: Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 2010; 59 (No. RR01): 1-17.

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5901a1.htm>

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